

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 519

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>CEDAR</u> <u>0201</u> b. CITY OR TOWN <u>ELDORADO SPRS</u> c. LENGTH OF STAY (in this place) <u>6 wks.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>CEDAR</u> c. CITY OR TOWN <u>JERICO SPRS</u> <u>0200</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EMERGENCY HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>RURAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WARREN</u> b. (Middle) <u>J.</u> c. (Last) <u>EARL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-26-55</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>1974</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MIN. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>DK</u>			13b. MOTHER'S MAIDEN NAME <u>DK</u>		14. NAME OF HUSBAND OR WIFE <u>I.D.A. M. Cobb</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>BENY FOMERAL HOMIE SHELTON</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Severe malnutrition</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-24</u> , 19 <u>55</u> to <u>1-26</u> , 19 <u>55</u> that I last saw the deceased alive on <u>1-26</u> , 19 <u>55</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert L. Nagel, M.D.</u>				23b. ADDRESS <u>El Dorado Springs Mo.</u>		23c. DATE SIGNED <u>1/28/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/28/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eldorado Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Eldorado Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>1/28-55</u>		REGISTRAR'S SIGNATURE <u>George W. Males</u> <u>418</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beny + Unerne Home, Sheldon</u>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed L. Gerald Perry

Licensed Embalmer No. 4203

P. O. Address Sheldon Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**